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SERIAL NUMBER 10/608,265	FILING OR 371(c) DATE 06/27/2003 RULE 1.47	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 036806.00434
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/392,066 06/27/2002 ✓SRR

** FOREIGN APPLICATIONS *****

None SRR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

09/23/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 3	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>SRR</i>				

ADDRESS

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TITLE

Method for conducting prescription drug co-payment plans

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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